

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/16/2012

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Businessowners | 6,279,471 | 0.2 |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): ACUITY is adopting the ISO Limit of Insurance and Special Cause of Loss rating logic changes referenced in CF-2009-RLC09, Introduction of Limit of Insurance Relativities.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

ACUITY, A Mutual Insurance Company
Name of Company
Deb Borucki, Marketing Clerk II
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 10/1/2012

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Businessowners</u> | <u>697,946</u> | <u>4.70%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
No. _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Modifying current Age of Building, class factors, and minimum premium to mee the need of
our current indication.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Allied Property & Casualty Insurance Company
Name of Company

Marie Safreed - State Filing Specialist
Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 10/1/2012

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Businessowners</u> | <u>5,192,596</u> | <u>5.10%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
No. _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Implementing ISO Construction/Protection factors, Implemented ComSeg 2.0, AOB, Occupany Modifiers, LPDP/AOI, to meet
the need of our current indication.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

AMCO Insurance Company
Name of Company

Marie Safreed - State Filing Specialist
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09/08/2012

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damag Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Commercial Farm | \$855,302 | +15.0% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

• Increase rates for all coverages by 15.0%

Information on the RF-3 is estimated.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American Economy Insurance Company

Name of Company

Valarie Searles State Filings Sr. Analyst

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 10/1/2012

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other Manufactured Home Line of Insurance | \$1,019,847 | 8.80% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: n/a

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): In this filing we are taking base rate in Owner Package, Seasonal Byline as well as our Owner Byline program. We are looking to revise relativities for our Age of Home factor. We also wish to move from a Protected/Unprotected location classification to an In Park/Out of Park. Coverage changes include the addition of the Per Occurrence Deductible, Total Loss Deductible Waiver and replacing our Identity Fraud Expense Coverage with Identity Recovery Coverage. We also wish to remove the \$250 deductible option for our Equipment Breakdown. Please refer to the filing and the cover letter for a more detailed description of our proposed changes. Thank you.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American Family Home
Name of Company

Steve Mackie – Sr. Vice President
Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09/08/2012.

| (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|--|------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damag Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Commercial Farm | \$1,784,394 | +15.0% |
| Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

* Increase rates for all coverages by 15.0%

Information on the RF-3 is estimated.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American States Insurance Company

Name of Company

Valarie Searles, State Filings Sr. Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/01/2012

| (1) | (2) | (3) |
|---|------------------------------------|--------------------------|
| Coverage | Annual Premium Volume (Illinois) * | Percent Change (+or-) ** |
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damag Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Commercial Umbrella</u> | \$32,991.00 | 13.83% |
| Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):
Excess of First Million factors are being revised.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Ansur America Insurance
 Name of Company
Glen Gerwatowski, Product Analyst I
 Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12/01/2012.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other <u>Businessowners</u> | \$1,226.35 | 4.866% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No, please see Cover Letter.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Please see Cover Letter.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Ansur America Insurance Company

Name of Company

Glen Gerwatowski, Product Analyst I

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/01/12 new, 01/01/13 renewal

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Commercial Package | \$5,581,344 | +5.1 |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of ISO package filing ML-2012-RLA1

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Capitol Indemnity Corporation

Name of Company

Amanda Mullen, Senior Product Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9-1-2012 NB, 11-1-2012 RB.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damag Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Commercial Farm | 1,558,262 | 15.0% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

We are increasing Loss Cost Multipliers for coverages A to J.

Information on the RF-3 is estimated.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Consolidated Insurance Company

Name of Company

Roy Behling, State Filings Sr. Analyst

Official - Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective: August 15, 2012

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Worker's Compensation | | |
| 16. Other <u>Businessowners</u> | <u>\$23,732,688</u> | <u>10.8%</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: The revision applies to all territories.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
With this filing, we are updating our rates, rating relativities and rules.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

COUNTRY Mutual Insurance Company
Name of Company

Richard A. Smith

Richard A. Smith
Chief Property/Casualty Actuary
Official and Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 10/1/2012

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Businessowners</u> | <u>1,979,275</u> | <u>6.20%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
No. _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Implementing ISO Construction/Protection factors, Implemented ComSeg 2.0, AOB, Occupany Modifiers, LPDP/AOI, to meet
the need of our current indication.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Depositors Insurance Company
Name of Company

Marie Safreed - State Filing Specialist
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/15/2012

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability Private Passenger | _____ | _____ |
| Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger | _____ | _____ |
| Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Commercial Package</u> | <u>\$166,319</u> | <u>5.1%</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting ISO revised property package modification factors found in reference #: ML-2010-RLA1

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

EMCASCO Insurance Company

Name of Company

Linda Samson

Assistant Vice President

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/15/2012

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability Private Passenger | _____ | _____ |
| Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger | _____ | _____ |
| Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Commercial Package</u> | <u>\$391,376</u> | <u>5.2%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting ISO revised property package modification factors found in reference #: ML-2010-RLA1

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Employers Mutual Casualty Company
Name of Company

Linda Samson
Assistant Vice President
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 8/15/2012

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois) *</u> | (3) <u>Percent Change (+ or -) **</u> |
|---|--|--|
| 1. Automobile Liability Private Passenger | _____ | _____ |
| Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger | _____ | _____ |
| Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Liquor Liability</u> <u>Line of Insurance</u> | 45,507 | -59.276% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Revising Liquor Liability base rates and schedule rating rule.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Federated Mutual Company
Name of Company
Dan Filzen – Vice President
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
 revision effective 8/15/2012

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois) *</u> | (3) <u>Percent Change (+ or -) **</u> |
|---|--|--|
| 1. Automobile Liability Private Passenger | _____ | _____ |
| Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger | _____ | _____ |
| Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Liquor Liability</u> <u>Line of Insurance</u> | 23,301 | -59.276% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
 No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
 Revising Liquor Liability base rates and schedule rating rule.

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which
 will result from application of new rates.

Federated Service Company
 Name of Company
Dan Filzen – Vice President
 Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/01/2012.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | _____ | _____ |
| | Commercial | _____ | _____ |
| 2. | Automobile Physical Damag Private Passenger | _____ | _____ |
| | Commercial | _____ | _____ |
| 3. | Liability Other Than Auto | _____ | _____ |
| 4. | Burglary and Theft | _____ | _____ |
| 5. | Glass | _____ | _____ |
| 6. | Fidelity | _____ | _____ |
| 7. | Surety | _____ | _____ |
| 8. | Boiler and Machinery | _____ | _____ |
| 9. | Fire | _____ | _____ |
| 10. | Extended Coverage | _____ | _____ |
| 11. | Inland Marine | _____ | _____ |
| 12. | Homeowners | _____ | _____ |
| 13. | Commercial Multi-Peril | _____ | _____ |
| 14. | Crop Hail | _____ | _____ |
| 15. | Other <u>Commercial Umbrella</u> | \$1,323,251.00 | 3.06% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):
Excess of First Million factors are being revised.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance

Name of Company

Glen Gerwatowski, Product Analyst I

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12/01/2012.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other <u>Businessowners</u> | \$102,172.24 | 5.432% |
| | <u>Life of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No, please see Cover Letter.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Please see Cover Letter.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance Company

Name of Company

Glen Gerwatowski, Product Analyst I

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

11/01/2012

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Renters | 312,204 | +11.5% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate Revision

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Garrison Property And Casualty
Insurance Company

Name of Company

Daniel Dilley - Executive Director
of Compliance

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/15/2012

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Commercial Package</u> | <u>\$2,766,906</u> | <u>6.1%</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting ISO revised property package modification factors found in reference #: ML-2010-RLA1

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Illinois EMCASCO Insurance Company
Name of Company

Linda Samson
Assistant Vice President
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09/01/2012

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Commercial Umbrella Life of Insurance | \$81,935 | -2.13% |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Changing Commercial Umbrella Minimum Premiums.
We have expanded along with raising and lowering certain premiums.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

IMT Insurance Company

Name of Company

Jon Clement, Compliance Analyst

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9-1-2012 NB, 11-1-2012 RB

| (1) | (2) | (3) |
|---|------------------------------------|--------------------------|
| Coverage | Annual Premium Volume (Illinois) * | Percent Change (+or-) ** |
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damag Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Commercial Farm</u> | 938,300 | 15.0% |
| <u>Life of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

We are increasing Loss Cost Multipliers for coverages A to J.

Information on the RF-3 is estimated.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Indiana Insurance Company

Name of Company

Roy Behling, State Filings Sr. Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09-1-2012 NB, 11-1-2012 RB.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damag Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Commercial Farm | 388,622 | 15.0% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

We are increasing Loss Cost Multipliers for coverages A to J.

Information on the RF-3 is estimated.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Peerless Insurance Company

Name of Company

Valarie Searles, State Filings Sr. Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/27/2012

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other <u>Motorcycle</u> | \$ 2,547,938 | 9.1% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Revised rates filing for motorcycle liability and physical damage.

Adjusted base rates and rate level adjustment factors.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Progressive Direct Insurance Company

Name of Company

Mike Iannetta - Pricing Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/27/2012.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Recreational Vehicle | \$182,951 | +8.9% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Revised rates and rules filing for recreational vehicle liability and physical damage.

Adjusted base rates and rate stability factors

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Progressive Direct Insurance Company

Name of Company

Mike MacGregor - Pricing Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/27/2012

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other <u>Motorcycle</u> | \$ 16,171,860 | 8.8% |
| | <u>Life of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Revised rates filing for motorcycle liability and physical damage.

Adjusted base rates and rate level adjustment factors.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Progressive Northern Insurance Company

Name of Company

Mike Iannetta - Pricing Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/27/2012

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Recreational Vehicle | \$2,130,679 | +8.7% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Revised rates and rules filing for recreational vehicle liability and physical damage.

Adjusted base rates and rate stability factors

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Progressive Northern Insurance Company

Name of Company

Mike MacGregor - Pricing Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/27/2012.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other <u>Motorcycle</u> | \$ 4,984,828 | 9.8% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Revised rates filing for motorcycle liability and physical damage.

Adjusted base rates and rate level adjustment factors.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Progressive Universal Insurance Company

Name of Company

Mike Iannetta - Pricing Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/27/2012

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Recreational Vehicle | \$221,420 | +9.7% |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Revised rates and rules filing for recreational vehicle liability and physical damage.

Adjusted base rates and rate stability factors

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Progressive Universal Insurance Company

Name of Company

Mike MacGregor - Pricing Analyst

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

11/01/2012

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|-------------------------------|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Renters</u> | <u>1,418,292</u> | <u>+12.0%</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate Revision

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

United Services Automobile
Association

Name of Company

Daniel Dilley - Executive Director
of Compliance

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

11/01/2012

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability Private Passenger | _____ | _____ |
| Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger | _____ | _____ |
| Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Renters</u> | <u>1,405,357</u> | <u>+11.9%</u> |
| <u>Line of Insurance</u> | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate Revision

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

USAA Casualty Insurance
Company

Name of Company

Daniel Dilley – Executive Director
of Compliance

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

11/01/2012

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|-------------------------------------|
| 1. Automobile Liability Private Passenger | _____ | _____ |
| Commercial | _____ | _____ |
| 2. Automobile Physical Damage Private Passenger | _____ | _____ |
| Commercial | _____ | _____ |
| 3. Liability Other Than Auto | _____ | _____ |
| 4. Burglary and Theft | _____ | _____ |
| 5. Glass | _____ | _____ |
| 6. Fidelity | _____ | _____ |
| 7. Surety | _____ | _____ |
| 8. Boiler and Machinery | _____ | _____ |
| 9. Fire | _____ | _____ |
| 10. Extended Coverage | _____ | _____ |
| 11. Inland Marine | _____ | _____ |
| 12. Homeowners | _____ | _____ |
| 13. Commercial Multi-Peril | _____ | _____ |
| 14. Crop Hail | _____ | _____ |
| 15. Other <u>Renters</u> | <u>505,787</u> | <u>+11.8%</u> |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate Revision

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

USAA General Indemnity
Company

Name of Company

Daniel Dilley -- Executive Director
of Compliance

Official - Title

SUMMARY SHEET

Change in Company's Premium or rate level produced by rate revision effect: 11/1/2012

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|--|---|---|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Contractors Businessowr Line of Insurance | 4,485,762 | 3.5% |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
 annual liability review

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

West Bend Mutual Insurance Company
 Name of Company

Suzanne Fleuchaus, AU - Product Development Specialist
 Official - Title